NEW HAMPSHIRE STATE LIBRARY FY 2004/2005 CONSERVATION LICENSE PLATE GRANT FACT REPORT

Name of G	Grantee:					
Grant Title	:					
Grantee staff member preparing this report:						
	(Typed)	(Signature)	(Date)			
1. Which	of the following purposes does your gra	ant best address? (Select all that apply)				
	Preservation of town records					
	Microfilming of newspapers and/or historically significant materials					
	Processing and organizing historically significant collections					
	Preservation treatment of documents,	photographs and artifacts				
2. What best describes your organization? (Pick only one)						
	_ New Hampshire non-profit organization	on managing publicly owned resources				
	_ New Hampshire public library					
	_ New Hampshire municipal agency					
	New Hampshire state agency					
	_ New Hampshire county agency					
 Which of the following Conservation License Plate Grant goals does your project best address? (Select all that apply) 						
	Projects associated with events contri	buting to New Hampshire history and culture	е			
	Projects associated with the lives of p	Projects associated with the lives of persons significant to New Hampshire history and culture				
	Projects representing historic, cultural	Projects representing historic, cultural, artistic or scholarly ideas of New Hampshire people				
	Projects valuable to the study of a per	riod or theme of New Hampshire history or c	ulture			
	Projects that commemorate or illustra	te a way of life or culture in New Hampshire				
	Projects that provide services to users	s in support of learning				

4. If you wish, provide any comments about the grant application and reporting process. Do you recommend changes or improvements for future Conservation License Plate grant offerings?

NEW HAMPSHIRE STATE LIBRARY FY 2004/2005 CONSERVATION LICENSE PLATE GRANT FINAL FINANCIAL REPORT

Grantee Name:						
Grant Title:						
Grantee staff member preparing this report:						
(Typed)	(Signature)	(Date)				

BUDGET CATEGORY	DOCUMENTATION REQUIRED	GRANT FUNDS EXPNEDED
Preservation Treatment	Attach an invoice for the work performed that outlines what treatment was undertaken.	
Consultant Fees	Attach an invoice for the services provided.	
Personnel	Attach payroll information for employee(s).	
Travel	Attach mileage and meal allowance reimbursement statements.	
Archival Supplies	Attach invoices for archival supplies and equipment.	
Other	Attach invoices to explain.	
	TOTAL GRANT FUNDES EXPENDED (This amount should be the same as your grant award)	\$

NEW HAMPSHIRE STATE LIBRARY FY 2004/2005 CONSERVATION LICENSE PLATE GRANT FINAL NARRATIVE REPORT

Grantee Name:

Gra	nt Title:				
Grantee staff member preparing this report:					
	(Typed)	(Signature)	(Date)		
1.		grant results. This summary should reflents) and how these activities resulted in			
2.	Describe the location and the	e use of the item(s) preserved/conserve	ed in the space provided.		
3.	Submit a minimum of four the completed preservat	equired: rt (if applicable) for preserved document ur (4) 4" x 6" or larger black-and-white or ion/conservation treatment of the item(s	or color photographs documenting s). Two must be general views, and		

• Submit copies of communications you have had with your state representative or senator about how you used these Moose Plate funds and copies of press or media coverage related to your

grant project.